

history is not clear. The first was a shoemaker, who acquired an intoxication from holding pewter-coated nails in his mouth. A cigarmaker, who rolled cigars on a pewter-covered board, and held the knife with which he cut them in his mouth between whiles, had typical plumbism. The third case was that of a diamond-worker, who, for fifteen years, was employed in fixing the small diamonds in a warm lead mass; the fingers were kept moist with saliva. This patient left the diamond factory, and five months later was attacked with acute lead-poisoning. The case is interesting on account of the latency of the poison. Pel points out the great variation in the susceptibility of different individuals to plumbism. The cases reported must have been poisoned with very small quantities.

The Florence Reaction.—POSNER (*Berliner klinische Wochenschrift*, 1897, No. 28) describes the crystals obtained by the Florence test for semen. He adds an iodine-rich solution of iodine and potassium iodide to fresh semen or to a watery extract of the stains, and obtains numerous dark-brown crystals of various forms—rhombic tablets, fine needles. These crystals have a great value for forensic medicine. The reaction does not depend upon the presence of spermatozoa in the fluid. It may be obtained from the seminal fluid in cases of complete azoospermia as well as from the secretion of the prostate. The crystals must come from some chemical body, and the idea that they might come from spermin seems to be borne out by the fact that the addition of the reagent to a solution of spermin phosphate gives typical Florence crystals. Extracts from spermin-containing organs (ovary) gave also a positive result.

Richter has tested many of the other substances found in semen. One of the decomposition-products of lecithin (cholin) yielded typical crystals. The Florence reaction should be of aid in doubtful cases, but cannot be certainly relied upon, as it is given by other substances than semen.

The New Tuberculin.—SCHULTZE (*Deutsche medicinische Wochenschrift*, 1897, No. 28) has tried to limit his cases, as recommended by Koch, to those whose temperature has never been over 38° C. He has subjected nine such patients to treatment for periods varying from one to two months. The treatment has not had the bad effects that sometimes come from the old tuberculin. During the treatment one case acquired a tuberculous ulcer of the larynx, one a severe diarrhœa, probably tuberculous. Four remained unchanged. In one a pleurisy was improved. The last two improved. It is too early to say how many of the changes in the condition of these patients was due to the tuberculin.

Bussinius reports from B. Fränkel's clinic the results of treating nineteen patients with the T. B. tuberculin. In fifteen of the cases the cure was complete—that is, they began with $\frac{1}{10}$ mg. and increased to 20 mg. The author thinks the dose should be increased more gradually than by the method of doubling it each time. Eight of the patients gained in weight and five lost. There was quite a marked tendency to reaction after the injection, different samples of the tuberculin varying greatly in this respect. Neither blood nor albumin was ever observed in the urine. Locally, there were no abscesses, but several times painful infiltrations. The cough improved

twice, but no changes in dull areas could be made out. No marked changes were observed in the pharyngeal or laryngeal cases. There was a slight tendency to diminution of the swelling. Three cases of lupus seem to have been considerably improved.

SURGERY.

UNDER THE CHARGE OF

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Congenital Blood Cyst of the Neck and Axilla.—K CZANOWSKY (*Deut. Zeit. für Chir.*, Band xlv. Heft 3 u. 4) reports an interesting case of an apparently congenital cystic tumor, which occupied the left supraclavicular and infraclavicular areas in a four-months' old child. Puncture with a hypodermic needle produced a severe hemorrhage, which was difficult to control. The cyst was evidently in communication with the subclavicular vein. It was rapidly increasing, and there seemed to be great danger of its rupture and the death of the child. Operation, on the other hand, seemed too dangerous and wellnigh impossible from the amount of hemorrhage that must necessarily occur. The author consequently attempted to compress the tumor by the application of cotton and a compressing bandage. His efforts were successful; the tumor decreased one-half its size in six weeks, and in four months nothing remained. There has been no return and there is no trace of the growth at present. The child is now six years old.

Aneurisma Arterio-venosum Ossificans Traumaticum.—FICK (*Deut. Zeit. für Chir.*, 1896, Band xlv. Heft 3 u. 4) reports a case of arterio-venous aneurism of the femoral artery and vein, which occurred in the service of v. Mantuffel and which presented the peculiarity of ossification in the wall of the aneurismal sac.

The patient had a fall, with a severe bruise of the lower third of the thigh. Swelling and marked ecchymosis followed, with pain upon pressure. The swelling subsided, but a small tumor remained, which was painful on pressure and also on motion, interfering with the usefulness of the limb. The tumor lay on the inner aspect of the thigh, at the junction of the middle and lower thirds, adherent to the bone, with no discoloration or swelling of the soft tissues surrounding it at the time of entering the hospital.

The history and bony hardness of the tumor led to a diagnosis of osteo-

sarcoma. The operation was attended with much bleeding, and it finally became necessary to tie both the femoral artery and vein. During the operation the femoral artery was successfully sutured after a linear tear. The recovery after the operation was complete, with a restoration of the circulation, with only a slight temporary oedema. The tumor was found to be an arterio-venous aneurism, with bony deposits in its walls.

Incarcerated Retroperitoneal Hernia.—SCHULTZ (*Deut. Zeit. für Chir.*, Band xlv. Heft 3 u. 4) reports an interesting case of retroperitoneal hernia which simulated in a marked manner incarcerated inguinal hernia.

The patient, when first seen, had a marked swelling in the inguino-scrotal region and symptoms of intestinal occlusion. The swelling, however, disappeared to a great extent upon the application of cold. There persisted, however, a swelling in the inguinal lymphatic glands of the right side which were not present on the left. The persistence of the symptoms of obstruction with the presence of these glands, as formerly noted by Rose, led the author to a diagnosis of an internal incarcerated hernia on the right side. There was a marked induration at a point just above Poupart's ligament about its middle. This and the presence of vomiting, distention of the abdomen, and absence of stools led the author to operate. The operation disclosed a retroperitoneal pocket with a sharp upper edge, which was about the size of a walnut; it was filled by a knuckle of small intestine. The intestine was distended above and flattened below, while the strangulated portion was markedly discolored, but not sufficiently so to necessitate resection. The recovery was complete, though retarded by slight suppuration about the catgut sutures.

Suppuration from Sterile Catgut.—From experiments performed in 1895, ORLANDI (*Cent. für Chir.*, February 13, 1897) showed that there is produced by the introduction of sterile catgut into animal tissues (1) an acute reaction which is of little moment and is to be explained by the chemical reaction produced by the agents employed in sterilizing and preserving the catgut. 2. A reaction which has nothing to do with the preparation and sterilization of the catgut, but is produced by bacteria or the results of their action upon the tissues. These bacteria and their products are present in the catgut before its sterilization, and can give rise to so marked a chemotactic action that a true abscess-formation, with an outpouring of leucocytes, is produced, while the catgut is still sterile and benign.

The author publishes the results of a further series of experiments which he has undertaken with the purpose of determining if the reaction produced by the catgut present in a sterile field will influence the development and biological action of infecting bacteria which by any chance infect the previously sterile field.

The observations were confined to experiments with the bacillus coli and the staphylococcus pyogenes aureus, and led the author to the following conclusions:

1. The area in which the catgut is introduced forms easily abscesses, with a tendency to rapid necrosis.
2. The micro-organisms are somewhat altered in their development and virulence.

3. If the animals were inoculated with virulent cultures intravenously, instead of at the area where the catgut was introduced, there was produced an infective reaction at the point where the catgut was introduced.

This, however, did not take place if the inoculation was subcutaneous and in an area which was neither in the same circulatory area nor contiguous to the wound-area.

The Union of Reimplanted Bone Buttons after Trephining.—By a carefully conducted series of experiments DAVID (*Archiv für klin. Chir.*, 1896, Band liii. Heft 4) has proved that the buttons of bone which have been entirely removed from the skull unite when reimplanted under aseptic conditions in a manner analogous to the reparative action seen in other tissues, and that there is neither an entire new formation of bone nor any necrosis of the implanted fragment.

These results were obtained by operating upon a series of dogs which were killed at regular intervals of one week, from four days to fourteen weeks after the operations had been performed. He thus secured a series of histological specimens which clearly demonstrated the fact related and that the process of repair was a normal aseptic union between the fragment of bone and the remainder of the skull, and that there was no absorption or necrosis of the fragment, but that it remained intact and became united to the other bone.

Castration in Enlargement of the Prostate.—JONES (*Annals of Surgery*, March, 1897) communicates the results which he has obtained in four cases of enlarged prostate.

The first patient was sixty-seven years of age, and had suffered for years with urinary disorders which had obliged him to retire from business a year previous to operation. When first seen the bladder was found distended, reaching above the umbilicus. There was no history of overflow, but he passed two or three ounces of urine several times a day and almost half-hourly during the night. The urine was alkaline, putrid, and loaded with mucus and contained pus. The passage of the catheter was not attended with great difficulty, although clearly obstructed at the mouth of the bladder. His prostate was as large as a Newtown pippin, presenting a marked convex protrusion in the rectum, hard and unyielding, painful to touch. His scrotum was covered with herpes. The operation was delayed until the herpes was cured. There was nothing extraordinary in the operation; both testicles were removed. In a fortnight's time the prostate had sensibly diminished in hardness and he had less pain. His urine presented less fetor and purulent deposit. The residual urine diminished in six weeks to one-fourth its usual amount, and two months after operation he felt comfortable and able to dispense with the catheter. A later examination showed the prostate reduced one-half. There was barely any residual urine, and he could retain his urine for hours.

The second case was a patient, sixty-five years of age, who had led a catheter life for five years, and frequently suffered from retention and at times from decomposition of the urine. The case was complicated by double inguinal hernia. Double castration was performed; the prostate was the size of a hen's-egg before operation, and three months later was reduced to about